

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90688 038 ***150.00

DOCUMENT # P99000103204

1. Entity Name
THREE BEARS DAYCARE, INC.



Principal Place of Business
15435 COYOTE ROAD
HUDSON FL 34669

Mailing Address
15435 COYOTE ROAD
HUDSON FL 34669

2. Principal Place of Business
6841 S. Reps Ridge Pt.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
LECAUTO, FL.

City & State

4. FEI Number **59-3611291**

Applied For
Not Applicable

Zip
34461

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

MILLER, MILDRED
15435 COYOTE ROAD
HUDSON FL 34669

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Delete**
NAME **MILLER, MILDRED**
STREET ADDRESS **15435 COYOTE ROAD**
CITY-ST-ZIP **HUDSON FL 34669**

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **Miller, Mildred**
STREET ADDRESS **6841 S. Reps Ridge Pt.**
CITY-ST-ZIP **LECAUTO, FL. 34461**

TITLE **VP** ☐ **Delete**
NAME **MILLER, RODNEY T**
STREET ADDRESS **15435 COYOTE ROAD**
CITY-ST-ZIP **HUDSON FL 34669**

TITLE **VP** ☒ **Change** ☐ **Addition**
NAME **Miller, Rodney T.**
STREET ADDRESS **6841 S. Reps Ridge Pt.**
CITY-ST-ZIP **LECAUTO, FL. 34461**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mildred M. Miller

3/13/03 (352) 628-5660
Date Daytime Phone #

CR2E034 (10/02)